



MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE - PUBLIC HEALTH SERVICES
DIVISION OF DRUG CONTROL REGISTRATION FOR CONTROLLED DANGEROUS SUBSTANCES (CDS)

4201 Patterson Avenue – 5th Fl., Baltimore, Maryland 21215

DDC Website: <http://dhmh.maryland.gov/drugcontrol> ■ DDC Email: MDDC@Maryland.Gov

Main Office: (410) 764-2890 ■ Fax: (410) 358-1793 ■ Customer Service: (410) 764-5910, (410) 764-7980, (410) 764-4159

(Revised: 4/18/16)

PRACTITIONER APPLICATION	3-YEAR CDS REGISTRATION/CERTIFICATION	CDS #:
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**FOR
OFFICE
USE ONLY:
APPLICATION
AUDIT
CONTROL
SECTION**

Processor Initials: _____

Date: ____/____/____

Note:

Do Not Write In This Section.

SEE INSTRUCTIONS ATTACHED. COMPLETE SECTIONS 1, 2 AND 3 BELOW. SIGN, DATE APPLICATION AND INCLUDE PAYMENT. APPLICATIONS TORN IN HALF, INCOMPLETE OR WITHOUT PAYMENTS WILL BE RETURNED, WHICH DELAYS PROCESSING. **REQUIRED:** UPDATED DELEGATION AGREEMENT, RESEARCHER QUESTIONNAIRE, DOCUMENTATION LISTED IN INSTRUCTIONS, AND EMAIL ADDRESS FOR RENEWAL NOTIFICATION. * **KEEP A COPY OF APPLICATION.**

SECTION 1: APPLICATION CLASSIFICATION, TYPE, PAYMENT AND FEE EXEMPT DETAILS

A. CLASSIFICATION-Check only one box ☒: ☐MD ☐DDS ☐DMD ☐DO ☐DPM ☐DVM ☐VMD ☐CRNP ☐CNM ☐EMS/Med.Dir.
☐PA – Insert name of Physician or attach Updated Delegation Agreement (_____ **Required**)
☐Researcher Schedule I (Prior DEA approval) ☐Researcher Schedules II, III, IV, V (Researchers must submit a Researcher Questionnaire.) See instructions for other documentations required. Lawful registration requires separate application for each Profession.

B. FEE PAYMENT DETAILS		FOR OFFICE USE ONLY	C. FEE EXEMPT DETAILS FOR GOVERNMENT AGENCIES	
(Fee Payable to DHMH-Drug Control)		App. Receive Date: ____/____/____	CHECK TYPE: <input type="checkbox"/> State <input type="checkbox"/> Local (Agency Unit Code):	
TYPE	FEE	Deposit Date: ____/____/____	Agency/Institution Name	
Renewal**	<input type="checkbox"/> \$120	Check/Mo #:	Division/Department	
New	<input type="checkbox"/> \$120	Processor Initials:	Agency/Institution Business Address	
Address Change Only	<input type="checkbox"/> \$50	Do not write in this section.	Contact Telephone #	
Name Change Only	<input type="checkbox"/> \$50		Print Certifier Name	
Duplicate CDS Permit	<input type="checkbox"/> \$30		Title of Certifier	
Discontinuation (List Reason):	<input type="checkbox"/> \$0			
(Fees are Non-Refundable.)		Date: ____/____/____	(Signature of Certifier)	

**No fee for name/address change at time of renewal.

SECTION 2: APPLICANT DETAILS		SECTION 3: PROFESSIONAL LICENSE DETAILS	
A. Name (print)	(First)	A. Professional License #:	Expiration Date: ____/____/____
	(Middle)	B. Federal DEA #:	Expiration Date: ____/____/____
	(Last)	C. Social Security or Tax #:	
B. Business Name Maryland Business Address Required City/County/State/Zip		D. Is your professional license currently or has it ever been denied, suspended, restricted, revoked, reprimanded or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Mailing Address City/State/Zip		E. Is your license currently under any restriction or on probation for reasons related to CDS by a Health Occupations Board, a State or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Home Address City/State/Zip		F. Has there been adverse action taken against your Professional license in another state/country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Telephone Nos.	Business No.:	G. Have you ever been convicted of a felony violation or a violation pertaining to your profession? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes is the answer to any of the above questions, submit a detailed explanation and copies of pertinent/supporting documentation.	
	Fax No.:		
	Alternate or Cell No.:		
F. Email* (Required)			
SIGNATURE:		DATE: ____/____/____	Your signature attests to the fact that the information provided is accurate.

It is the sole and continuing responsibility of the CDS Registrant to ensure the Division of Drug Control (DDC) has the correct and current address information on file for the issued CDS Registration.